MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 Primary Registration District No. 1003 Registrat's No. 4135 STATE FILE NUMBER

Registration District No. 1003 Registrat's No. 4135 STATE FILE NUMBER

PLACE OF DEATH

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REGISTRATION OF PUBLIC HEALTH AND WELFARE 318 PRIMARY REGISTR

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Rev. 4/99 1		1 1 1 1	-j -					17				
Control Cont			₽ a. COUNTY					a. STATE Missourib. COUNTY			admission)	
Control Cont	Rev. 4/59	2	I -	b. CITY (If outside corp	porate limits, give TOWNS	HIP only)	Length of stay in 1b	c. CITY			Inside Limits	
Control Cont	,		1_					TOWN			Yes □X No □	
Section Sect		انالسا		c. FULL NAME OF (IF N HOSPITAL OR PAY	KS 1de Mano	ion) T		ADDRESS	_		Reside on Farm	
A COLOR OF RACE Second Color of the Color	2 2/1				0 Russell	Blvd.	Yes 🔼 No 🗆		3503 Miami	St.	Yes 🗆 No 💢	
Jesse L. Garrett DEAM April 12. 1963 S. Sex A. G. COLOR OR BACE TO, Murried New Maried No. Move Married No. U.S. A. C. CITER OF WHAT COUNTRY No. U.S. A. C. CITER OF WHAT COUNTRY No. U.S. A. C. CITER OF WHAT COUNTRY No. U.S. A. C. CITER NO. Wile Married No. U.S. A. C. CITER NO. WILE NO. U.S. A. C. CITER NO. WILE NO. U.S. A. C. CITER NO. U.S. A. C. CITER NO. WILE NO. U.S. A. C. CITER NO. U.S. A.	J-		1-		First				I OF	,		
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S	_ _	5	dr.é	tired)Sare	Deposit De	Dt 18 t	THER'S MAIDEN NAME	P CIRLER	VIIIO, MO.	<u> </u>	n •	
S. WAS DECRASO EVER MUSS. ARRED FORCES? NO. 17. INFORMANT Address No. 17. INFORMANT Address No. 18. CAUSE OF DEATH (Enter only one cause per line for (b): Pb. and (c). Mrs . Elizabeth Brill-31.57a Dunnica INTEVAL BETWEEN AND DEATH Enter only one cause per line for (b): Pb. and (c). INTEVAL BETWEEN AND DEATH INTEVAL BETWEEN INTEVAL BETWEEN AND DEATH INTEVAL BETWEEN AND DEATH INTEVAL BETWEEN AND DEATH INTEVAL BETWEEN AND DEATH INTEVAL BETWEEN INTEVAL BETWE		링	'		rrett			_	l '		t	
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21. I attended the deceased from 15 p m on the date stated above, and to the best of my knowledge, from the causes stated. 22e Signarge (Degree or title) 22b. ADDRESS 22c. DAYE SIGNED 22c.			•	20d. INJURY OCCURRED WHILE AT WORK	r∟ i farm, f	actory, street, of	fice bldg., etc.)	ioi. Ciri, ionio				
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238. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23c. LOCATION (City, 16Wit, or County) Removal (Specify) Removal Apr. 15.1063 Sunset Burial Park St. Louis County, Missouri ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRARY SIGNATURE 24. FUNERAL DIRECTOR 25c. DATE RECD. BY LOCAL REG. 26. REGISTRARY SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26. REGISTRARY SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26. REGISTRARY SIGNATURE 25c. DATE RECD. BY LOCAL REG. 26c. DATE RECD. BY LOCAL REG. 26c. DATE RECD. BY LOCAL RECD. BY LOCAL REG. 26c. DATE RECD. BY LOCAL RECD. BY	30 1	D RE/		1	eased from	6:1	5 P m on th	e date stated above,			suses stated.	
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IST I THE STATE OF		<u> </u>	띨 _	Removal			25. DAT	T CLL IN LOCAL				
		15 () []		MACKER-HELD				PR 15 196		Swith .	17. D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nar	ne is recorded on the re	verse side of this certificate was embalmed by me,
or by		, Student Embalmer No.
working under my personal supervision.	į	
Student	Signed	Teles J. Krispin
Signature of Student Embalmer	•	121/02
		Licensed Embalmer No.
	, F.	P. O. Address St. Laure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.